VS A1S (4) 15M 9/SS 14

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

663 CERTIFICATE OF DEATH

8 () () 655) Reg. Dist. No.

	Garrett	MARYLAND			
RURAL and give n	earest town)	c. LENGTH OF STAY IN 16			nearest town)
OR INSTITUTION	TAL (If not in hospital, give st ns Nursing Ho	reet address) MO	d. STREET ADDRESS Route # 3		e. IS RESIDENCE
AME OF	First Ona	Middle		OF DEATH January 19, 195	Day Year 57 19
			B. DATE OF BIRTH Sept. 10, 1890	9. AGE (In yeors IF UNDER 1 Y lost birthday) (Months Go	
during most of wor	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDI			J. S. A.
	n O. Metheny				
WAS DECEASED EVI		16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	a •
gove rise to codse (o), stoting lying couse lost.	DUE TO DUE TO DUE TO DUE TO (c)	Epethelian We was contributing to DEATH BU	ra of sheet refus au T NOT RELATED TO THE TERMIN.	LA Sum Refut Linguis Silven in Part 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING	G CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Po	rt I or Port II of item 18.)	
20c. TIME OF INJU Hour o.m. P. 194	W	/hile Not while fe	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town) (Cou	nty) (Stote)
ACTUAL SIGNATURE	m 18	19 577, and that deat	_ / Al	M, from the causes and on the DDRESS (Street, city or town, stote)	date stated above DATE SIGNED 1/19/57
BURIAL, CREMATIC	0				(Stote) a, W.Va.
TOURERAL DIRECTOR	R'S SIGNATURE	ADDRESS Terra Alta, W.V		BY RECISTRAR SCIGN	proces.
	RURAL ond giver NAME OF HOSPI OR INSTITUTION EVA IAME OF HOSPI OR INSTITUTION EVA IAME OF HOSPI ECEASED WAS DECEASED IAME OF Print) EX OULSEWIFE ATHER'S NAME JOI: WAS DECEASEDEVI NO. or unknown) NO 18. CAUSE OF DE PART I. DE. GOVE rise to costs (o), stoting lying couse lost. PART II. OT 200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF) 21. I certify alive on ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) BURIAL, CREMATIR EMOVAL (Specify UTILAL (Specify UTILAL (Specify UTILAL (SPECIF)	COUNTY Garrett CITY OR TOWN (If outside corporate limits, will recompose the corpor	COUNTY Garrett MARYLAND CITY OR TOWN (If outside corporate limits, write CLENGTH OF STAY IN 1b 3 days NAME OF HOSPITAL (If not in hospital, give street address) NAME OF HOSPITAL (If not in hospital, give street address) NUTSITY LION NUTSING HOME AME OF HOSPITAL (If not in hospital, give street address) OR INSTITULION NUTSING HOME AME OF HOSPITAL (If not in hospital, give street address) OR INSTITULION NUTSING HOME AME OF HOSPITAL (If not in hospital, give street address) OR INSTITULION NUTSING HOME AME OF HOSPITAL (If not in hospital, give street address) OR INSTITULION Middle Beatt First Middle Beatt Caucasian WIDOWED A DIVORCED USUAL OCCUPATION (Give kind of work done) USUAL OCCUPATION (Give kind of work done) during most of working life, even if retired) USUAL OCCUPATION (Give kind of work done) WIDOWED A DIVORCED USUAL OCCUPATION (Give kind of work done) WIDOWED A DIVORCED USUAL OCCUPATION (Give kind of work done) ATHER'S NAME JOHN O. Metheny NAS DECEASEDEVER IN U. S. ARMED FORCES? IO. SOCIAL SECURITY NO. 17. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate Iying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU 200. ACCIDENT WAS UNDERLYING DUE TO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEV MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING DOWN OR DOWN DIVOR DOWN DOWN DIVOR DIVORCED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIEV MEDICAL EXAMINER) 201. I Certify that I attended the deceased from Down of the work of t	COUNTY Garrett MARYLAND C. SIATE VIrgi CITY OF TOWN (Id unide corporate limits, write RURAL and give nearest lound give neares	COUNTY Garrett MARYLAND O. West Virginia D. COUNTY Presto CITY OR TOWN (If outlide corporate limits, write RURAL ond give Terra Alta \$5 \times 3 days Terra Alta \$5 \times 3 Adays C. CITY OR TOWN (If outlide corporate limits, write RURAL ond give Terra Alta \$5 \times 3 Adays Terra Alta \$5 \times 3 ADATE OF A

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 554 CERTIFICATE OF DEATH Reg. Dist. No with directar, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY filed b. COUNTY WEST VIRGINIA GARRETT MARYLAND GRANT Prol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL ond give neorest town) CORMANTA 28 days hould d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE ON A FARM? COUNTY MEMORIAL HOSPITAL ROUTE YES NO T 3. NAME OF 4 DATE Middle Month Day Year DECEASED g MARTHA JAN E JANUARY CASSIDAY 37 (Type or print) DEATH 19 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH Months Davs Hours 20/1883 WIDOWED MI DIVORCED [YES. comple 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) ST. GEORGE. WEST VIRGINIA U.S.A. HOUSEWIFE corbon 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician JOHN ADAM BOHAN MARY ELIZABETH SPENCER move 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO Address (If yes, give war or dates of service) SELF 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH 0 PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) mos DUE TO Conditions, if ony, which gave rise to immediate DUE TO casse (o), stoting the underlying couse last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO TH 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) a. m. While Not while of work at work 10-16-5 21. I certify that I attended the deceased fram. 19..., ta. 19..., ta. 19..., that I last saw the deceased 300 M, fram the causes and an the date stated above. alive an and that death accurred at 19 ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S OSEP OAKLAND, MARYLAND NAME IType) 3 s 220. BURIAL CREMATION. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'DABY REGISTRAR

death:

VS A15 (4 15M 9/55

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certificate be

1. PLACE OF DEATH

TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

00660

665 CERTIFICATE OF DEATH

Reg. Dist. No. 172

2. USUAL RESIDENCE (HOME) OF DECEASED

	COUNTY GARRETT MARYLAND	STATE MARYLAND COUNTY GARRETT						
X	CITY (If outside corporate limits, write RURAL LENGTH OF STAY OR and or promote limits, write RURAL LENGTH OF STAY TOWN RITERAL LENGTH OF STAY (1974).	CITY (If outside corporate limits, write RURAL end give nearest town) OR TOWN KITZMILLER						
0	HOSPITAL OR INSTITUTION OR STREET ADDRESS CHURCH STREET	STREET (If rurel give location) CHURCH STREET						
	3. NAME OF (First) (Middle) DECEASED (Type or Print) ALEXANDER SHAW DAWS	ON 4. DATE (Month) (Doy) (Year) OF TANUARY 11, 1.257						
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE O JUNE MALE WINGTE (Specify MARRIED) JUNE	P BIRTH 9. AGE fest birthdey 9. AGE fest b						
1		11. BIRTHPLACE (State or foreign country) RAWLINGS, MARYLAND 12. CITIZEN OF WHAT UCQUNTRY? U.S.A.						
	13. FATHER'S NAME JOHN OLIVER DAWSON	14. MOTHER'S MAIDEN NAME FLORENCE WHITTINGTON						
0	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, N. Q unk.) (If Yes, give wer or dales of service)	Mrs. Bessie Dawson, Kitzmiller, Md.						
	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 3 9 / MIMMEDIATE CAUSE ANTECEDENT CAUSE(S) DUE TO DISEASES OR CONDITIONS, IF ANY, (B)	interval Between ONSET AND DEATH 2 Light						
	GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. DUE TO (C) If OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	lyns I 4days						
0	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO						
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, farm, factory, OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21c. WHERE DID INJURY OCCUR? (City or town) (County) (State)						
	21d. TIME OF INJURY (Month) (Dey) (Yeer) (Hour) 21e. INJURY OCCURRED While Not while at work	211. HOW DID INJURY OCCUR?						
V5 A15C 1-55 10M	22. I hereby certify that I attended the deceased from alive on 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	ADDRESS (Street, city, town, stele)						
	DATE Jan 12/57 awBarner	Och Sharpless Blaine, w. ve.						

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please exe shauld by cremotion	N	1	PLACE OF DEATH	0	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)							
r. Page to buriol,			c. CITY OR TOWN (If outside corpored and gips, neorest town)	e limits, write RURAL	c. LENGTH OF STAY IN 16 Lifetime	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
director. director. files. ir prior ta	00		J. NAME OF HOSPITAL OR INSTI	FUTION (If not in hos	pitol, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO 🔀				
uraral uraral egistrar				ohn e	Middle Frederick	Eger		nuary 2	7 19 5 7				
3 to the fained fa			Male Whit	e WIDOWED		June 21, 19		yrs. IF UNDER 141	ys Hours Min.				
ifter dea ond 3 be reta and 2 w	1		. USUAL OCCUPATION (Give kind luring most of working life, even i Woodsman		ind of Business or Indust mber cutting	Gorman,	Maryland	U.S	N OF WHAT COUNTRY?				
s 1, 2 5 moy	I	L	Theadore Ege			14. MOTHER'S MAIDEN Bessie F							
Give Pag Give Pag 3. Page 13. File po	0	15. (Yes	WAS DECEASED EVER IN U. S. A., no. or unknown) (If yes, give west	or dates of service)	17-10-6693	Bessie Ege		Gorman,	Md,				
m 18. Corm PM.			18. CAUSE OF DEATH [Enter on PART 1. DEATH WAS CAU IMMEDIATE (EED BV.	for (o), (b), and (c).] Asphyxiation				INTERVAL BETWEEN ONSET AND DEATH				
ould be exected in the long with found transit	/		Conditions, if ony, which gove rise to immediate cause (o), stating the underlying	DUE TO A	spiration of s	tomach cont	tents						
ficate sha ling" in p Office a	2	CATION	PART II, OTHER SIGNIFIC.	(c)	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	MINAL DISEASE CONDITIO	N GIVEN IN PART I	O) 19. WAS AUTOPSY PERFORMED? YES NO NO				
of pend aminer's		CERTIF	20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING [CAUSE OF DEATH.		HOW INJURY OCCURRED. (E			ng in reg					
the war dical Ex je 3 shot	11	MEDICAL	20c. TIME OF INJURY Month, Hour a. m. p. m.	Day, Year 20d. II While at wor		CE OF INJURY (Home, for ory, street, office bldg., etc Home	m, 20f. (City or town) Gorman	(County Gar	rett Md.				
T MEDICAL EXAMINER: certificate, writing the w ed to the Chief Medical AL DIRECTOR: Page 3 sh			21. I certify that I took death resulted from: N	atural causes	Accident X, Suid	_M.D. CHIEF MEDICAL E	e, Undetermir	ed couse .	DATE SIGNED 29, 1957				
of the central fire of the		220	EXAMINER'S E. IT BURIAL CREMATION, 22b. DAT REMOVAL (Specify)	E THEREOF	ngartner, M. I		EXAMINER 22d. LOCATION (City, 1		(Stote)				
0 0		-		50/57	Red House	24a. REC	near Oakl	and,	Md.				
VS. A15ME(5	10	1	mores Bal	len.	Oakland. N		1-1-57 4	mus C	Shalle				

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BUREAU V. Z.

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NDING PHYSICIAN OR HOSPITAL: The law requires that the death from copy may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

	MARYLAND	STATE DEPART	MENT OF HEA	ALTH-BAL	TIMORE, 18	006	69
	667 CE	RTIFICA	TE OF	DEAT		Dist. No.	72
I. PLACE OF DEATH			2. USUAL	RESIDENCE (HOME) OF DECE	ASED	
COUNTY GAI	RRETT	MARYLAND		W.VA.	COUNTY M		
OR end give neerest to	kimits, write RURAL wn) KITZMILLER	LENGTH OF STAY (in this plece)	OR	outside corporete lin	nits, write RURAL and g	(va neerest town)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3	iles West		STREET ADDRESS	<-3	(Il rural give lo	cetion)	
3. NAME OF DECEASED (Type or Print)	(First) GNES	(Middle) EDNA	(Last) EVANS	4	OF	(Day) (ARY 18,1	(Yeer) 9,57
s. sex 6. color	OR 7. SINGLE, WIDOWED (Specify)		ine 19,188				NDER 24 HRS.
10e, USUAL OCCUPATION (G done duries most of work retired) HOUSEW	ve kind of work 10b	OWN Home	11. BIRTHPLACE (Knoxvil	Stele or foreign cou le, Peni		U.S. A.	WHAT
JAMES CH	RISTIE		AGNES	Bailey			
(Yes, For unk.) (If Yes, gi	U. S. ARMED FORCES? re wer or detes of servica)	16. SOCIAL SECURITY N	0. 17. INFO	DRMANT & ADDRES	Harvey, K	itzmille	r, Md
I DISEASES OR CONDITIONS IMMEDIATE CA ANTECEDENT CA DISEASES OR CONDITIONS,	USE (A) USE(S) DUE TO	ATH 18. MEDICAL	Humul Henry	2		INTERVAL ONSET AT	BETWEEN ID DEATH
GIVING RISE TO THE ABOVE STATING UNDERLYING CAUSE II OTHER SIGNIFICANT COND	(C)	C)				
TO THE DEATH BUT NOT RE					Table 1		
190. DATE OF OPERATION	196. MAJOR FINDI	NGS OF OPERATION				20. AU	TOPSY?
21a. ACCIDENT WAS UNDERLOR CONTRIBUTING CAUSE C	F DEATH OF INJURY str	(Home, farm, fectory, eet, office bldg., atc.)	21c. WHERE DID IN	JURY OCCUR? (Ci	ity or town)		(State)
21d. TIME OF INJURY (Mont		21e, INJURY OCCURRED While Not while et work et work	211. HOW DID IN.	JURY OCCUR?			
SIGNATURE	Culculvell	and that death occurr	Kitzm	rom the causes ADDRESS	(Strael, city, town, ste	stated above. DATE DATE	deceased signed
23. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL	1/20/57	I.O.O.F	cemetery	El	Lk Garden	, W.Va.	(Stete)
24. REC'D BY REGISTRAR	REGISTRAR'S SIGNA	Barriel	25. FUNERACI	DIRECTOR'S SIGNA	lless	Blaine	W W

BE BROWNLAND STATE DEPARTMENT OF HEALTH-BALTH OFFICE AN

CERTIFICATE OF DEATH

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Item 9 FilmG209 1-21-57 et CERTIFICATE OF DEATH Reg. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) COUNTY O STATE be filed b. COUNTY MARYLAND ofter death. Funeral h. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give negrest town) ploods WANTON AKLAND d. NAME OF HOSPITAL (If not in haspital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? 90 24 NURSING HOME YES TO NO THE c 3. NAME OF Middle 4. DATE Month Year Day DECEASED OF (Type or print) 13 0 WART 19 5 within S SEX 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE Months Hours Min. WIDOWED [DIVORCED [7] papers. compl 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 111 RIPTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? deoth. during most of working life, even if retired) BORER puo corbon ofter 13 FATHER'S NAME 0 hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT 72 offending within 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN MYOCARDITIS d ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) DUE TO px mit. Conditions, if any, which (b) signed gave rise to immediate per DUE TO casse (o), stating the underpuo lying couse lost buriol-transit attending physicion peen PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY removal. PERFORMED? YES NO NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CE cremotion, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) Use factory, street, office bldg., etc.) Hour o. m. While Not while at work at wark p. m. 21. I certify that I ottended the deceased from that I lost sow the deceased detached olive on and that deoth occurred ot IDA. M, from the causes and on the date stated above. DIRECTOR: ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL pe prior hould HOSPITAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) moy REMOVAL (Specify) od 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 15M 9/SS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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BUREAU V. S.

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TO HOSPITAL OR

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MRS MINNE BROWNING OAKLAND !!

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VS A15 (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

671

00666 Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY	GARRETT	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARY LAND b. COUNTY GARRETT									
	b. CITY OR TOWN (I RURAL ond give no	f outside corporate limi carest town) OAKLANI	ts, write	c. LENGTH OF STAY IN 16 14 DAYS	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) ADDIDENT							
	OR INSTITUTION	AL (If not in hospital, g UNTY MEMORI			d, STREET ADDRESS e. IS RESIDE! ON A FA! YES N							FARM?
	3. NAME OF DECEASED (Type or print)	Fin EMMA	LINE	Middle	Lost KELLE		OF DEATH	JANUA		Do	0	Year 19 57
	5. SEX	6. COLOR OR RACE	7. MARR	NED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	.870	9.	AGE (In years lost birthday) 60 yrs.	IF UNDER Months	1 YEAR Days	Haurs	R 24 HRS. Min.
/	during most of worl	ON (Give kind of work king life, even if retired EWIFE	dane 10b.	KIND OF BUSINESS OR INDI	ACCI	DENT,	MARYL		12. CI		S.	COUNTRY
		NJAMIN M. I				ZA THO						
	1\$. WAS DECEASED EVE Yes, no. or unknown}	R IN U. S. ARMED FOR Iff yes, give wor or dates of s	CES? 16.		INFORMANT	TEHAT	2	TER	RA AI	TA,	AV.W	•
ĵ	Canditions, if a gave rise to it cause (o), stoting lying cause lost. PART II. OSP 20a. ACCIDENT IVA OR CONTRIBUTION	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which mmediate the under- (c)	pitions c	ne for (o) (b), and (c).] Neumoura Teuro 5 cle CONTRIBUTING TO DEATH BUT CRIBE HOW INJURY OCCURR	seis.				DZO,	ONS /	PERFO	DEATH Tays augo
1	20c. TIME OF INJUR Hour o. m. p. m.		While of wor	k at work at work ed from	h accurred at	to 18	fan .	191	that I		te state	(Stote) deceased ed abave. ATE SIGNED
	PHYSICIAN'S NAME (Type)			NCE, M.D.				ND,MD.		6		
	220. BURIAL, CREMATIO BEMOVAL (Specify) 23. FUNERAL DIRECTOR	SAN-21-	1957	BRETHERN ADDRESS OAKLA	CEMETE	E	YEAR	ACC R 21. REOLS	DE	NY.	(Stote	Mo

7261 PG NAI

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Reg. Dist. No

Months

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(State)

Days

(County)

ON A FARM?

YES NO

Year

1957

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death. VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF	DE	ATH
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00688/ Reg. Dist. No.

	o. COUNTY Garre	tt		MAR	YLAND	Q STATE	SIDENCE (WE		d lived. If insti b. COUN		nce befor	e odmiss	ion)
	b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi arest town)	ts, write	c. LENGTH OF STA	Y IN 16				rote limits, writ	e RURAL ond	give nea	rest town	1)
L	Oakland			3 vrs		Ha	rrisb	urg					
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS					e. 15 RES	IDENCE
	Cuppett	Nursing	Hom	ne		75X	-3						NO-A
F	3. NAME OF DECEASED (Type or print)	fir Lun		Middl Orintha	le	Pri	ost	4. DATE OF DEATH	Januar	Aonth	Day	,	Year 1957
-	5. SEX	6. COLOR OR RACE	dad m.n.	HEO TO NEVER MARE	UED [7]	B. DATE OF BIE					RIYFAR		R 24 HRS.
	Female	White	WIDOWE					58	9. AGE (In year last birthdo) 98	Months	Days	Hours	Min.
, 1	10a. USUAL OCCUPATIO	N (Give kind of work a	lone 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTH	PLACE (State	or foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTRY?
	House Wil		Ow	n Home		Pen	nsvlv	ania		U.S	5.A.		
i	13. FATHER'S NAME					1	'S MAIDEN N						-
1	John S	imons					y Ann		p				
1	15. WAS DECEASED EVER		CES? 16	SOCIAL SECURITY N	0 17 18	FORMANT	3 14111.	1 1000		ddress			
	[Yes, no, or unknown] (If yes, give wor or dates of s		JOCIAL JECOMIT IN			D Des	4			70	1	3.67
-	no			64 (m) 64 (m)		ndall :	D. PI'	ince	Mt.	Lake	Par		Md e
		TH [Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE (o	CD.	ne for (o), (b), and (c	2	Deer	uln	5				RVAL BE	
	1122	/ DUE TO			N	51	A		9				
1	Conditions, if or	w which)	DV	han lo nos	4	iller i	11211	104	20				
	gove rise to in	nmediate (1/~ /	NOVE JOC		1100		0010	- 0				
	cotse (a), stating t	he under-									100		
		ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO D	CATLI DIT	NOT RELATED 1	O THE TERM	DISCAS	T COMPLETION	20/61/01/01	27 1/ 1/20	2 14/45	ALIZOREV
		. 1 1)		DISTRIBUTING TO D	L	NOT PELATED	IO THE TERMI	INAL DISEAS	E CONDITION	GIVEN IN PA	KI I(0) 11	PERFO	RMED?
1	3 370	Mullice	-	Kenna	100							YES	но 🗌
		UNDERLYING DEATH MEDICAL EXAMINER)	206. DESC	CRIBE HOW INJURY	OCCURRE	. (Enter noture	of injury in I	Port t or Port	I II of item 18.)				
	20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Ye	20d. It	NJURY OCCURRED	20e. PL/	CE OF INJURY	(Home, form	20f. (City	or town)		(County)		(Stote)
	Hour o.m.	19	While of world	k ot work	100	tory, street, off	ice bldg., etc.	.)					
						105-1	0	111	nt	7			
		at I attended the	decease		<u> </u>	, 19≥5	a to	D	, 193	t.,that I	last sa	w the	deceased
	alive on	and of	, 19>	, and tha	t death	occurred a	19.00	EM, fran	n the cause	s and an i	the dat	e state	ed abave.
1		T'X		-			0	ADDRESS (SI	reet, city or tov	vn, stote)		Di	TE SIGNED
	SIGNATURE	7. Dw	ny	erhun	/	A.D	المكام	Mall	57	·	1	23	157
	PHYSICIAN'S T	. BAUIR	MA	RTNER			Da	k lau	Ine				
1	220. BURIAL, CREMATION	N, 226. DATE THEREC	F	22c. NAME OF CE	METERY OF	CREMATORY		22d, LOCAT	TION (City, tow	n. of county)		(Stot	e)
	REMOVAL (Specify)		57	Everett		etery		mary.	ett P	,,		(310)	-1
-	Eurial 23., FUNERAL DIRECTOR'S		.01	ADDRESS	Oeme	P. P. G.T. A	240 2500	D'BY REGIST		GETRARIA SI	CHAZIA	6	
1	Healast	h f	fort.		aklar	nd, Md	11	72/		SWINN S	Pal	2000	ven
1/	PUNCU	me Vaccey	100		The same of the		P DATE //	18/ 0	////		1		

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

() () 6/6/3)
Reg. Dist. No.

rrett	Ž.	MARYLAND					
f outside corporate limits, write)	RURAL	LENGTH OF STAY IN 16	X O				neorest town)
e Park			Mt. Lake	Park,	Maryla	nd	
AL OR INSTITUTION (If not in hospite	ol, give street address)	d. STREET ADDRESS				o. IS RESIDENC ON A FARM YES NO
		Middle Pearl	Sanders	4. DATE OF DEATH	Jan.		Year 19 57
6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TYEAR	R IF UNDER 24 HE
White	WIDOWED [DIVORCED [Oct. 19, 18	84	72 yrs.	Months Days	riours Min.
ON (Give kind of work	done 10b. KINI	D OF BUSINESS OR INDUSTI			ountry)	12. CITIZEN C	OF WHAT COUNTI
	F	Carmer	Lantz R	idge,	W. Va.	U.	s.
andore			The second secon				
	agent In			CITIZE C			
	service)			1013			. 1
	263	-38-6498 I	Harvey Sand	iers	Oak	cland, M	1d.
diote couse underlying DUE TO (c)					E COMPLETION CIV	/ENLINE BART IV-1	
USE WAS 20						TEN IN PART I(0)	19. WAS AUTOPS' PERFORMED? YES NO
		DW INJURY OCCURRED. (E				ZEN IN PART I(O)	PERFORMED?
USE WAS 20	b. DESCRIBE H	OW INJURY OCCURRED. (Er		rt I or Port II	of item 18.)	(County)	PERFORMED?
NTRIBUTING 20 RY Month, Day, Yec 19 nat I taok charge	b. DESCRIBE How While of work of the rencauses	OW INJURY OCCURRED. (E	TE OF INJURY (Home, formy, street, office bldg., etc., held an Autapacide , Hamicide , CHIEF MEDICAL E	m, 20f. (City sy , In e , Ur XAMINER CAL EXAMINEI	of item 18.) or town) aspection [X], andetermined c	(County) Inquiry 2 cause .	PERFORMED? YES NO K
USE WAS NTRIBUTING 120 RY Month, Day, Yea 19 not I took charge fram: Notoral 20 E. Irving E DN, 122b. DATE THEREO	b. DESCRIBE HOW While of work of the rencauses X,	DW INJURY OCCURRED. (Er URY OCCURRED 200. PLAC Place 200. Place	TE OF INJURY (Home, formy, street, office bldg., etc., held an Autap: Tide, Hamicide, CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	m, 20f. (City Sy , Ir e , Ur XAMINER C EXAMINER EXAMINER	of item 18.) or town) aspection [X], andetermined c	(County) Inquiry 2 cause	PERFORMED? YES NO (Stote) (Stote) And find the
use WAS NTRIBUTING 20 RY Month, Day, Yeo 19 nat I taok charge 2 fram: Notoral 2 Irving E 20 N, 22b. DATE THEREO	b. DESCRIBE HOW White of work of the rencouses X,	URY OCCURRED 20e. PLAC focto of work and accident , Suice representations. The properties of the control of the	TE OF INJURY (Home, formy, street, office bldg., etc., held an Autaparide, Hamicide, Hamicide, CHIEF MEDICAL EASSISTANT MEDICAL CREMATORY	m, 20f. (City sy , In e , Ur XAMINER EXAMINER EXAMINER EXAMINER 22d. LOCAL	of item 18.) or town) aspection [X], andetermined of	(County) Inquiry 2 cause	PERFORMED? YES NO (Stote) (Stote) And find the DATE SIGNED
use WAS NTRIBUTING 20 RY Month, Day, Yeo 19 nat I taok charge 2 fram: Notoral 2 Irving E 20 N, 22b. DATE THEREO	b. DESCRIBE HIS White of work of the rencauses X.	DW INJURY OCCURRED. (Er URY OCCURRED 200. PLAC Not white focto of work Accident , Suice Accident , Suice rtner, M.D.	TE OF INJURY (Home, formy, street, office bldg., etc., held an Autaparide, Hamicide, CHIEF MEDICAL E ASSISTANT MEDICAL CREMATORY etery	m, 20f. (City sy , In e , Ur XAMINER EXAMINER EXAMINER EXAMINER 22d. LOCAL	of item 18.) or town) aspection [X], andetermined of	(County) Inquiry 2 cause	PERFORMED? YES NO (Stote) (Stote) (Stote) (Stote)
	Fin Au 6. COLOR OR RACE White ON (Give kind of work on gifte, even if refired) rmer Sanders /ER IN U. S. ARMED FO (If yes, give wor or dates of NTH [Enter only one county one count	First Austin 6. COLOR OR RACE 7. MARRIED WIDOWED CONGIVE wind of work done 10b. KIN gilte, even if retired). CE Park First Austin 6. COLOR OR RACE 7. MARRIED WIDOWED CON (Give kind of work done 10b. KIN ng life, even if retired). CET IN U. S. ARMED FORCES? 16. SO 263 ATH [Enter only one cause per line for TH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO 10	First Middle Austin Pearl 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. White WIDOWED DIVORCED 100. KIND OF BUSINESS OR INDUSTING like, even if refired). Farmer Sanders VER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY NO. [17. IN [17. I	rrett Maryland O. STATE Maryland	Trett Maryland O. STATE Maryland O. STATE Maryland If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL C. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL C. CITY OR TOWN (If outside corporate limits, writered limits, writered limits, writered limits, writ	Austin Pearl Sanders Color or Race 7. Married Never Mar	if outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give mental content of the corporate limits, write RURAL and give mental content of the corporate limits, write RURAL and give mental corporate limits, write and give mental corporate limits, write and give and state park mental corporate limits, write and state park mental corporate limits, write and state park mental corporate limits, write and state park mental corporate limits and state park mental corporate limits and state park mental corporate limits and state park mental corporate

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Enney Bolden

	1.	PLACE OF DEATH o. COUNTY Gari	rett		MARY	YLAND	2. USUAL RESIDENCE (W o. STAJE Marylan	-	d lived. If institution b. COUNTY	an: Residence bef Harrett	are admission)
		b. CITY OR TOWN RURAL ond give Oak1	(If outside corporate limi nearest town)	ts, write	3 Mo.	IN 1b	c. CITY OR TOWN (IF	outside carpo	orate limits, write R		carest town)
90		d. NAME OF HOSP OR INSTITUTION Evans		ome			d. STREET ADDRESS		- 0.2 15		e. IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	John		Middle Warde		Smith	4. DATE OF DEATH	January	-	oy Year 1957
	5. 9	Male	6. COLOR OR RACE	WIDOWED	DIVORCE	D Ma	DATE OF BIRTH		9. AGE (In years last birthday) yrs.	Manths Days	Hours Min.
1	Re	USUAL OCCUPAT during most of wo Etired F FATHER'S NAME	irking lite, even it retired) _	IND OF BUSINESS O NN Farm	OR INDUST	Pennsylv 14. MOTHER'S MAIDEN	rania	auntry)	U.S.	OF WHAT COUNT
	15.	Eli Sn	ER IN U. S. ARMED FOR	CES? 16. SO	OCIAL SECURITY NO). 17. INF	Nancy H	loop	Addi	ress	
0	(Ye	no, or unknown)	(If yes, give war ar dates of s	ervice)	3-22-270		s. Shirley	Wrig	cht De	er Parl	k. Md.
	7	Conditions, if gove rise to coëse (o), stoting lying cause lost	g the under-	1-1-7	pente		Z Care				454
0	L CERTIFICATION		VAS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)				OT RELATED TO THE TERM			EN IN PART 1(a)	PERFORMED? YES NO
	MEDICAL	20c. TIME OF INJU Haur a. m. p. m.	10	While at work	Nat while at wark		E OF INJURY (Home, far ry, street, office bldg., et		or town)	(County) (Stat
		actual SIGNATURE	that I attended the	deceased	d from / - d	death o	7, to 7, to occurred at 8:30		n the causes of treet, city or town,	and on the do	aw the decea ate stated abo DATE SIGN
1		PHYSICIAN'S NAME (Type)									

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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676	CERTIFICA	ATE OF DEATH	Reg. Dis	t. No. / 6 6
1. PLACE OF DEATH 0. COUNTY Garrett	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Maryland	ere deceased lived. If institution: Residence b. COUNTY.	\
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest town) Oakland	s, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF ou	itside corporate limits, write RURAL and g	
d. NAME OF HOSPITAL (If not in hospital, giver or institution Cuppett Nursein		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) RACHEL		HOMAS	4. DATE Month OF DEATH 1/10/1957	Day Yeor
5. SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	YEAR IF UNDER 24 HRS.
Female White	WIDOWED TO DIVORCED	June- 187	72. SA yrs. Months	Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work do during most of working life, even if retired) None	one 10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote of Longon:		ZEN OF WHAT COUNTRY
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	AME	
Thomas Smith		Elizabet	1	
15. WAS DECEASEDEVER IN U. S. ARMED FORC (Yes, no. or unknown) (If yes, give wor or dates of ser	ES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
No		Andrew Smith	Lonaconing	WD.
Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause lost. DUE TO (c).	Atherosclero			
	e mental changes.		HAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED? YES NO S
	206. DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Pa	art I or Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour a.m. 19 p. m. 19	20d. INJURY OCCURRED 20e. PL While Not while at work at work	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town) (Co	ounty) (State)
21. I certify that I attended the alive an January 7		accurred at 2:30	AM, from the causes and on the DORESS (Street, city or town, state)	
PHYSICIANIS	aumgartner, M.D.		Maryland	
220. BURIAL, CREMATION, REMOVAL (Specify) Ruptal 22b. DATE THEREOF			Lonaconing, MD.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS Longconing	MD 24a. REC'D	BY REGISTRAR 246/REGISTRAR'S SID	MATTINE

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